## PART B - FEE(S) TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

WASHINGTON OFFICE 23373
CUSTOMER NUMBER

**SUITE 800** 

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW

WASHINGTON, DC 20037

Note: A certificate of mailing can only be used for domestic mailings of the Pec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

1446.68 DA

388.00 DA

01 FC:1501

U2 FC:1584

| APPLICATION NO. FIL                                                                                                                                                                                                                                                                 |                      | FILIN                                                                                                                                                                                 | G DATE           | ATE FIRST NAMED INVENT |                 |                                                                                         | OR ATTORNEY DOCKET NO.                                                                                                                                     |                    |                     |       | CONFIRMATION NO. |                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------|-----------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|-------|------------------|----------------|--|
| 09/897,495 0                                                                                                                                                                                                                                                                        |                      | 07/0                                                                                                                                                                                  | 03/2001 Rauf IZI |                        | Rauf IZMAIL     | LOV                                                                                     |                                                                                                                                                            | A7870              |                     |       | 2079             |                |  |
| TITLE OF INVENTION: PATH PROVISIONING FOR SERVICE LEVEL AGREEMENTS IN DIFFERENTIATED SERVICE NETWORKS                                                                                                                                                                               |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                         | SMALL<br>ENTITY      |                                                                                                                                                                                       | ISSUE FEE        |                        | PUBLICAT<br>FEE | ION PRI                                                                                 | PREV. PAID ISSUE FEE                                                                                                                                       |                    | TOTAL FEE(S)<br>DUE |       | DATE DUE         |                |  |
| nonprovisional                                                                                                                                                                                                                                                                      | N                    | 10                                                                                                                                                                                    | \$144            | 10.00                  | \$300.00        |                                                                                         | \$0.00                                                                                                                                                     |                    | \$1,740.00          |       | 06               | /17/2008       |  |
| EXAMINER                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                       |                  |                        | ART UNI         | т с                                                                                     | CLASS-SUBCLASS                                                                                                                                             |                    |                     |       |                  |                |  |
| -                                                                                                                                                                                                                                                                                   | EGAYE                |                                                                                                                                                                                       | 2619             |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| 1. Change of correspon                                                                                                                                                                                                                                                              | dence add            | lress or ind                                                                                                                                                                          | ication of "Fe   | ee Address" (          | (37 CFR 1.363   | 2. For prin                                                                             | ting o                                                                                                                                                     | n the patent front | page list           | 1     | Sughrue Mic      | n, PLLC        |  |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                                                                                                                                                                                  |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         | m (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2                                                                      |                    |                     |       |                  |                |  |
| ☐ "Fee Address" indi 03-02 or more recent)                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| 03-02 or more recent) ATTACHED. Use of a Customer Number is required.                                                                                                                                                                                                               |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         | names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be                                                              |                    |                     |       |                  |                |  |
| printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)                                                                                                                                                                                           |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
|                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                       |                  |                        |                 | ••                                                                                      |                                                                                                                                                            | =                  | lentified helou     | , the | document has     | been filed for |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                     |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| NEC CORPORATION                                                                                                                                                                                                                                                                     | 1                    |                                                                                                                                                                                       | Tokyo, Ja        | pan                    |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government                                                                                                             |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| 4a. The following fee(s) are submitted:                                                                                                                                                                                                                                             |                      |                                                                                                                                                                                       |                  |                        |                 | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) |                                                                                                                                                            |                    |                     |       |                  |                |  |
| ☑ Issue Fee                                                                                                                                                                                                                                                                         | ☐ A check            | ☐ A check is enclosed.                                                                                                                                                                |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| ☑ Publication Fee (No                                                                                                                                                                                                                                                               | ☐ Paymen             | ☐ Payment by credit card. Form 1310-2038 is attached.                                                                                                                                 |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| ☐ Advance Order - # o                                                                                                                                                                                                                                                               |                      | ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form). |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
|                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         | The USPTO is directed and authorized to charge all required fees to Deposit Account No. 4880. Please also credit any overpayments to said Deposit Account. |                    |                     |       |                  |                |  |
| 5. Change in Entity Sta                                                                                                                                                                                                                                                             | atus (from           | status indi                                                                                                                                                                           | cated above)     |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| □ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).                                                                                                                                        |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.                                                                                                        |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.               |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         |                                                                                                                                                            |                    |                     |       |                  |                |  |
| Authorized Signature                                                                                                                                                                                                                                                                | Authorized Signature |                                                                                                                                                                                       |                  | <b>/</b>               | Date            |                                                                                         |                                                                                                                                                            | June 16,           |                     | 2008  |                  |                |  |
| Typed or Printed Name                                                                                                                                                                                                                                                               | e                    | :-                                                                                                                                                                                    | Howard L. B      | emstein                |                 | Registratio                                                                             | on No.                                                                                                                                                     |                    | 25,66               | 5     |                  |                |  |
|                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                       |                  |                        |                 |                                                                                         |                                                                                                                                                            | 9K/17/200A         | AKUNDAES G          | aaaa  | 1948AA           | 99897495       |  |
| Modified PTOL-85 (R                                                                                                                                                                                                                                                                 | ev. 08/07            | ) Approved                                                                                                                                                                            | for use thro     | ugh 08/31/20           | 010.            |                                                                                         |                                                                                                                                                            |                    | E                   |       |                  | Q 2M 21 12M    |  |

## PART B - FEE(S) TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any cl

WASHINGTON OFFICE

233/3
CUSTOMER NUMBER

JUN 1 6 2008

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037

Modified PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

| APPLICATION NO.                                                                                                                                                                                                                                                                     |            | FILING DATE FIRS |              | T NAMED INVENTOR |               |                                                                                                                                                                                       | ATTORNEY D                                                                               | OCKET NO.  | CONFIRMATION NO.    |                |             |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|--------------|------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------|---------------------|----------------|-------------|--|--|
| 09/897,495                                                                                                                                                                                                                                                                          |            | 07/03/2001       |              |                  | Rauf IZMAILOV |                                                                                                                                                                                       |                                                                                          | A78        | 70                  | 2079           |             |  |  |
| TITLE OF INVENTION: PATH PROVISIONING FOR SERVICE LEVEL AGREEMENTS IN DIFFERENTIATED SERVICE NETWORKS                                                                                                                                                                               |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                         | 1          | SMALL<br>ENTITY  |              | ISSUE FEE        |               | ION P                                                                                                                                                                                 | PREV. PAID ISSUE FEE                                                                     |            | TOTAL FEE           | (S)            | S) DATE DUE |  |  |
| nonprovisional                                                                                                                                                                                                                                                                      | Ŋ          | NO \$1440.00     |              | 10.00            | \$300.00      |                                                                                                                                                                                       | \$0.00                                                                                   |            | \$1,740.00          |                | 06/17/2008  |  |  |
| EXAMINER                                                                                                                                                                                                                                                                            |            |                  |              |                  | ART UNI       | ART UNIT C                                                                                                                                                                            |                                                                                          | S-SUBCLASS |                     |                |             |  |  |
|                                                                                                                                                                                                                                                                                     | Saba TS    | EGAYE            |              |                  | 2619          |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363   2. For printing on the patent front page list   1 Sughrue Mion, PLLC                                                                                                                             |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     | rue Mion, PLLC |             |  |  |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                                                                                                                                                                                  |            |                  |              |                  |               |                                                                                                                                                                                       | form (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2 |            |                     |                |             |  |  |
| "Fee Address" indi                                                                                                                                                                                                                                                                  |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| 03-02 or more recent) ATTACHED. Use of a Customer Number is required.                                                                                                                                                                                                               |            |                  |              |                  |               |                                                                                                                                                                                       | names of up to 2 registered patent attorneys or                                          |            |                     |                |             |  |  |
| agents. If no name is listed, no name will be                                                                                                                                                                                                                                       |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)                                                                                                                                                                                                     |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                     |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| NEC CORPORATION Tokyo, Japan                                                                                                                                                                                                                                                        |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):                                                                                                                                                                                   |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| 4a. The following fee(s) are submitted:                                                                                                                                                                                                                                             |            |                  |              |                  |               | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)                                                                                               |                                                                                          |            |                     |                |             |  |  |
| ☑ Issue Fee                                                                                                                                                                                                                                                                         |            |                  |              |                  |               | ☐ A check is enclosed.                                                                                                                                                                |                                                                                          |            |                     |                |             |  |  |
| ☑ Publication Fee (No small entity discount permitted)                                                                                                                                                                                                                              |            |                  |              |                  |               | ☐ Payment by credit card. Form 1310-2038 is attached.                                                                                                                                 |                                                                                          |            |                     |                |             |  |  |
| ☐ Advance Order - # of Copies                                                                                                                                                                                                                                                       |            |                  |              |                  |               | ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form). |                                                                                          |            |                     |                |             |  |  |
| ☑ The USPTO is directed and authorized to charge all required fees to Deposit Accongues 19-4880. Please also credit any overpayments to said Deposit Account.                                                                                                                       |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            | Deposit Account No. |                |             |  |  |
| 5. Change in Entity Sta                                                                                                                                                                                                                                                             | atus (from | status indi      | cated above) | )                |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| □ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).                                                                                                                                        |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.                                                                                                        |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.               |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |
| Authorized Signature                                                                                                                                                                                                                                                                |            |                  |              |                  | 7             | Date                                                                                                                                                                                  |                                                                                          |            | June 16, 2008       |                |             |  |  |
| Typed or Printed Name Howard L. Bernstein Registration No. 25,665                                                                                                                                                                                                                   |            |                  |              |                  |               |                                                                                                                                                                                       |                                                                                          |            |                     |                |             |  |  |